



**Stop Press!**  
**Thrive on Thursdays – Perspectives, Propositions and Provocations**

<b>28 April 2022</b>	<b>Title: Development of future National Mental Health Strategy</b>  <b>Lesley McDowell, Mental Health and Wellbeing Strategy Stakeholder Engagement Lead</b>
<b>Perspectives</b>	<p>Lesley introduced her work on the development of the mental health strategy (2017 – 2027), a commitment made at the launch of the strategy.</p> <p>Considering the pandemic there have been many changes and impacts on people’s mental health and the development of other strategies such as suicide prevention and national mental health workforce strategy that need to feed in. Therefore:</p> <ul style="list-style-type: none"> <li>▶ Developing our future strategy will not mean departing from all the work we’re doing, but rather will seek to build on that.</li> <li>▶ It will allow us to look ahead to make sure we are doing the right things to meet the changing Mental Health need over the coming years as we recover from the pandemic.</li> <li>▶ It will set out a clear vision for future population mental health and wellbeing and care, and our priorities to help us get there.</li> <li>▶ We want to ensure that our future strategy is evidence based, data and intelligence driven, outcomes-focused, underpinned by equality and human rights and informed by lived experience.</li> </ul> <p>A key part to the future development is an evidence review of the current challenges:</p> <ul style="list-style-type: none"> <li>▶ Inequalities across the population in mental health problems</li> <li>▶ Inequalities in access to services</li> <li>▶ Trends across some of the social and economic determinants of mental health</li> <li>▶ The need for a decisive shift to prevention and early intervention</li> <li>▶ An ageing population (loneliness, dementia and other mental health problems)</li> <li>▶ Stigma of mental health problems</li> <li>▶ The impact of the Covid-19 pandemic on population mental health</li> <li>▶ Increasing pressures on children and young people, including the pandemic</li> <li>▶ Challenges in meeting new levels of demand, and in radical redesign requirements to reshaping services</li> <li>▶ Multiple complex needs – substance use, homelessness, justice system</li> <li>▶ Providing high quality mental health care with limited workforce capacity</li> <li>▶ Having the right data and evidence to monitor performance and outcomes and to know what’s working</li> </ul>

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Lesley described extensive Stakeholder engagement:

- ▶ Scottish Government, in Partnership with Public Health Scotland have hosted six workshops throughout March
- ▶ The events have been attended by statutory organisations, third sector and those with lived experience
- ▶ Around 120 delegates have attended the events and provided views on the scope and outcomes for the Mental Health & Wellbeing Strategy
- ▶ Several organisations are hosting their own events. Scottish Government have provided engagement packs and a slide set which provide information and guidance to ensure there is a focus on scope and outcomes.

She highlighted the need to hear from the voices of experience and carers:

- ▶ It is essential that those with lived experience are consulted throughout the process
- ▶ There are several organisations who have hosted events to ensure those with lived experience's voices are central to the engagement process
- ▶ The Scottish Recovery Network and VoX are hosting events which ensure the views of those with lived experience of mental health issues and mental illness are collected and considered
- ▶ A Lived Experience Panel is being implemented in June and will consist of individuals who have experience of inequality. This panel will be consulted for their views on the content of the strategy.

Lesley presented some of the questions being asked:

**What do people think should be the main focus of a refreshed mental health & wellbeing strategy?**

- promoting good mental health and wellbeing?
- tackling the wider social factors that may cause poorer mental health and wellbeing or make mental health problems worse
- people who are 'at risk' of becoming mentally unwell
- improving treatment and care for people who are already experiencing mental health illness/difficulties?

**What difference would it make in people lives; how would their lives be better:**

- for individuals?
- for communities?
- for wider society?

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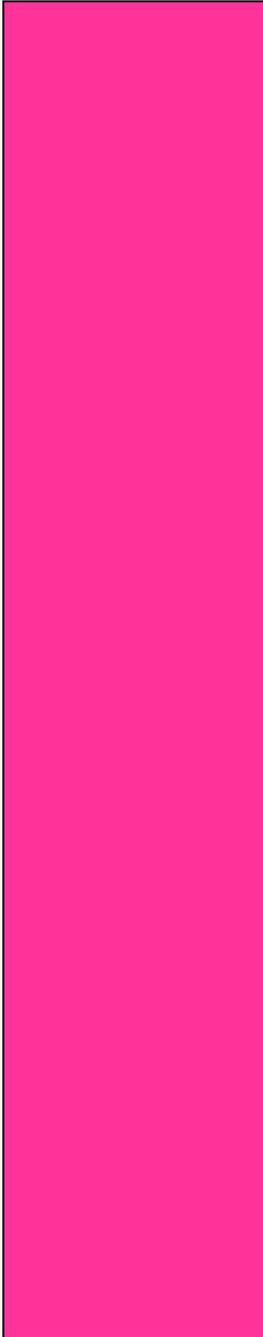
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	<p><b>If the strategy is successful how will things be different for people in:</b></p> <ul style="list-style-type: none"> <li>• 10 years’ time?</li> <li>• 5 years’ time?</li> <li>• 2-3 years’ time?</li> </ul> <p><b>Some of the initial feedback from engagement sessions included:</b></p> <ul style="list-style-type: none"> <li>• Consensus on the need to widen the scope of the strategy to mental health &amp; wellbeing</li> <li>• Agreement on the need to increase the focus on prevention as well as a high standard of service provision</li> <li>• Agreement on the need to address the social determinants and inequalities which have the greatest impact on mental health</li> <li>• A need to work across all areas of government to ensure that mental health is a factor in all policy areas including poverty, education, housing, and employment</li> <li>• A need to move to a personal outcomes approach which ensures self-directed, human rights-based treatment and support</li> <li>• “No Wrong Door” – A mental healthcare system that ensures people with all forms of mental ill health access the right support, in the right place, and at the right time</li> <li>• Equity of access to services regardless of setting or location</li> </ul>
<b>Dialogue</b>	<p>Linda thanked Lesley for this really helpful and full presentation and opened the session to discussion.</p> <p>The first question raised was about how the consultation is gathering the views of people other than those on or connected to a representative on the panel. Lesley explained that the consultation is going out through a large number of networks, and they are also working with the Mental Health Foundation (as strategic partners) to get this out. This is being led by Sharon McDade who can be contacted directly.</p> <p>Pat raised a question around CAMHS and the waiting lists. She asked if looked after children, who are seen as part of CAMHS would be considered as part of the strategy. Pat and Lesley to discuss externally.</p> <p>Hayley asked what the consultation has picked up around peer support and peer work. Lesley advised that organisations and individuals have raised this a lot and especially about it needing to be part of the mainstream healthcare system.</p> <p>David from Edinburgh Carers Council spoke about a presentation from a PHD student he had recently heard, all about men’s mental health, and felt this could be of use to the consultation. Lesley asked David to share with Catherine who is leading on gathering the evidence data for the review. Thrive would also like to make contact with the person</p>

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doing the PHD. David to help link up. Linda also suggested it would be good to have Catherine along to here about the evidence and data from across Scotland.

Lesley acknowledged all developments in primary care and Action 15. She noted these will be considered in the strategy. She added primary care is represented on the steering group.

Fiona asked about adults over 65 who have not got dementia. Have they been able to engage with the review? Specifically, she asked around digital inclusion and access to service.

Lesley acknowledged a small number of older people’s services had engaged but they mainly had a focus on dementia. She added that when the outcomes come out and if it is felt some people’s needs are not represented in the strategy, she would be more than happy to target. She continued that digital equality is challenging as some people are engaged but some not. This will feature strongly in the strategy.

Matthew asked if training and education will be considered as part of the strategy. Lesley advised this will be considered mainly as part of the mental health workforce strategy. This is being led by Mariella who Lesley will link us in with.

Lesley advised there is also a lot going on in terms of suicide prevention, ACEs, and trauma.

Sau Mei asked how ethnic minorities were represented. Lesley advised the panel was very diverse and stakeholder events especially put on for relevant organisations. This will be explicit when the draft is shared.

Siobhan asked if deaf people had been consulted effectively. Lesley said yes and would be happy to share the findings. Siobhan noted the similarities in experience with marginalised communities in terms of culturally appropriate services. Sheila would like to speak to Siobhan about some of the barriers deaf people face.

Lesley offered to share a summary sheet and said there would be at least two or three more opportunities to engage with the review.

**Connections Made**

- Pat and Lesley to chat through CAMHS with a particular focus on LAC
- David to forward presentation from PHD student and contact to Cat if possible
- Lesley to share Catherine’s email to Cat
- Linda to link with Siobhan Re people who are deaf needs



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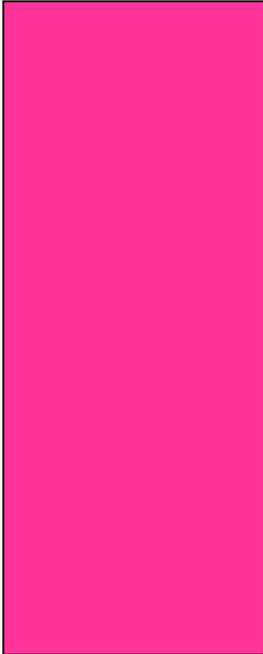
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<b>Actions for the Thrive Team</b>	<p>In this box we are adding actions we are going to do and aide memoirs for follow up</p> <ul style="list-style-type: none"> <li>• Thrive to get in touch with PHD student about presenting to a Thrive Exchange</li> <li>• Thrive to link up with Siobhan from Deaf Action</li> <li>• Thrive to link in with development of Suicide Prevention Strategy and mental health workforce strategy</li> <li>• Thrive to contact Catherine (lead on data and evidence)</li> </ul>
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